

Parent/Guardian Questionnaire

It will help us to discuss matters if you will take some time to respond to the following items. You can do this on your own, or we can do it together.

Our policy is to treat your responses as confidential, for use only by those professionals working to help your child. Exceptions to confidentiality, of course, must be made in cases in which a child has been abused or is at a serious risk of harming self or others.

Student's Name _____ Date _____

Birthdate _____ Grade _____

Your Name _____ Relationship to Student _____

Whom does the student live with? (Check all that apply.)

____ Mother ____ Father ____ Stepmother ____ Stepfather

____ Grandmother ____ Grandfather ____ Other relative (specify) _____

____ Foster family ____ Other (specify) _____

Is the student adopted? Yes ____ No ____

School Situation

What are your concerns about the student's schooling?

Home Situation

When was the last time you moved? _____

How often have you moved in the last 3 years? _____

Have any of the following occurred?

	Yes	No	When?
Parents separated or divorced	_____	_____	_____
A death or major loss	_____	_____	_____

Other major events that may have upset the student

Specify

Date

What does the student do at home that concerns you?

What current or past events or problems at home do you think may have caused the student to act in ways that concern you?

When the student does something wrong, how is he or she disciplined?

When not at school, what types of things does he or she usually do? How does he or she spend his or her time?

What are his or her special interests?

What, if any, are his or her chores and responsibilities?

Health Situation

Has the student ever been hospitalized? _____ Yes _____ No
Specify problem Dates

Student's **major** current or past **physical health** problems (if any)
Specify problem Dates

Student's current or past **mental health** problems (if any)
Specify problem Dates

What medications does the student take?

Has the student ever had a special

Educational exam?	_____ Yes	_____ No
Psychological exam?	_____ Yes	_____ No
Neurological exam?	_____ Yes	_____ No

Has the student ever experienced a major physical injury and trauma? _____ Yes _____ No
Specify Dates

Has the student ever experienced a major psychological trauma? ____ Yes ____ No
Specify Dates

Many of the following will not apply to your child. We ask them of everyone so that we will not miss something of importance.

Does the student have a job? ____ Yes ____ No
If so, what is it and how many hours does he or she work?

Student's current or past problems with drugs, alcohol, or other substances:
Specify problem Dates

Student's current or past involvement with gangs:
Specify problem Dates

Student's current or past problems with the law:
Specify problem Dates

Has there ever been a report made that the student was abused? ____ Yes ____ No

Some older students are sexually active:

Is this the case with your child? ____ Yes ____ No
If not, do you think he/she may become active soon? ____ Yes ____ No
Does the student have a good understanding about
pregnancy and disease prevention? ____ Yes ____ No
Has s/he been involved with a pregnancy? ____ Yes ____ No

Finally, what are some specific matters you want to discuss?

Adapted from:
Center for Mental Health in Schools
University of California, Los Angeles
Resource Aid Packet: Screening and Assessing Students, Indicator & Tools
<http://smhp.psych.ucla.edu>